## ALABAMA MANUFACTURED HOUSING COMMISSION

350 SOUTH DECATUR STREET MONTGOMERY, ALABAMA 36104 PH(334) 242-4036 FAX(334) 240-3178 WWW.AMHC.ALABAMA.GOV

## **APPLICATION FOR INSTALLER CERTIFICATION**

PLEASE TYPE OR PRINT LEGIBLY (INCOMPLETE APPLICATION WILL BE RETURNED)

| PLEASE SELECT ONE OF TH  | HE FOLLOWING:  | MODULAR  | MANUFA   | CTURED HOME (HUD)   |   |
|--|--|--|--|---|---|
| NAME OF APPLICANT (Persor  | and/or Company)  |  |  |   |   |
| IF FIRM OR CORPORATION,  | PROVIDE NAME OF O  | FFICER ON B  | OND  |   |   |
| PLEASE PROVIDE THE FOLLOWIN  | G INFORMATION FOR THE P  | ERSON APPLYII  | NG FOR CERT  | IFICATION:  |   |
| SOCIAL SECURITY#   | DOE  | 3/   | /  | DRIVER'S LICENS   | SE#   |
| HEIGHTWEIGHT_  | COLOR HAIR_  |  | _COLOR E   | YES   | _   |
| STREET ADDRESS   | STREET/ROAD  |  |  |   |   |
|  | OTTEL TITLE TO   | O.   | TY   | STATE   | ZIP   |
| MAILING ADDRESS  | STREET/ROAD/P.O.BOX  | C  | ITY  | STATE   | ZIP   |
| PHONE# (   | FAX# (   | )  |  | COUNTY  |   |
| EMAIL ADDRESS  |  |  |  |   |   |
| NUMBER OF YEARS EXPER  | IENCE IN MANUFACTU   | RED HOME IN  | NSTALLATIO   | ON  |   |
| WERE YOU PREVIOUSLY CE   | ERTIFIED BY THIS COM   | MISSION? YE  | ES/NO  | IF VES CER  | T. NO.  |
|  |  |  |  |   |   |
|  |  |  |  |   |   |
|  |  | Y BOND INFO  |  |   |   |
| SURETY COMPANY   |  | Y BOND INFO  | RMATION  | MOUNT   | BOND NUMBER   |
| SURETY COMPANY   | SURET  | Y BOND INFO  | RMATION<br>BOND A  | MOUNT   |   |
| SURETY COMPANY  INSURANCE COMPANY  | SURET  | Y BOND INFOI   | RMATION  BOND A  | MOUNT   |   |
| Pursuant to the provisions for certification. In making certification will comply we SIGNATURE OF APPLICANT            | SURET  PHONE NUMBER  GENERAL LIABI  PHONE NUMBER  s of the Rules and Regulation of this application, I certify the lith the Rules and Regulation of the Rules and Regulation.  | TY BOND INFO   | RMATION  BOND A  ICE INFORMA  INSURAN  and Certificat  ared homes insured homes insure | ATION  ICE AMOUNT  tion, I hereby submit the talled under the authord Housing Commission  DATE  | POLICY NUMBER  POLICY NUMBER  Is application rity of this |
| Pursuant to the provisions for certification. In making certification will comply we SIGNATURE OF APPLICANT            | PHONE NUMBER  GENERAL LIABI  PHONE NUMBER  S of the Rules and Regulation the general substitution of the Rules and Regulation the Rules and Regulation the Rules and Regulation my signature hereon, I attest  | TY BOND INFO   | RMATION  BOND A  ICE INFORMA  INSURAN  In and Certificat  Ired homes insured homes ins | ATION  ICE AMOUNT  tion, I hereby submit the talled under the authord Housing Commission  DATE  | POLICY NUMBER  POLICY NUMBER  Is application rity of this |
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| Pursuant to the provisions for certification. In making certification will comply we SIGNATURE OF APPLICANT By placing | PHONE NUMBER  GENERAL LIABI  PHONE NUMBER  s of the Rules and Regulation ing this application, I certify the rith the Rules and Regulation improved in the results of the results and regulation.  The results are results of the results are results and regulation and regulation and results are results. | ILITY INSURANT INSTANT INSTANT INSURANT | BOND A  ICE INFORMA  INSURAN  INSURAN  and Certificat  ired homes insia Manufactured  tion on this ap  ONLY  DATE APPRO  | ATION  ACE AMOUNT  Ition, I hereby submit the stalled under the author the definition of Housing Commission  DATE  plication is true and control of the stalled in the stalled control of the stalled control | POLICY NUMBER  is application rity of this is.            |